

AR201-12725



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cc:

Subject: HPV Comments on CAS#31570-04-4 Irgofos 168

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OPPT NCIC

- 1) Fundamental physical properties, as MP & BP, should be measured not calculated.
- 2) State LogPow, not LogP, assuming oct/H₂O Part.Coeff. is correct.
18.1 implies significant bioaccumulation-state this in results or remarks.
- 3) Extremely low VP (~10E-14 mmHg) implies artificial conditions needed to get Photodeg. in atmosphere. State what assumptions are made in the Model to obtain data. What about photodeg. on a surface where Irgofos 168 is most likely to be?
- 4) "NO ANSWER" for stability in H₂O is totally unacceptable. Sets a bad precedent--can Chemical Companies pick & choose which criteria they will not submit?? Close this Gap by utilizing other computer models or get experimental data.
- 5) Fug. Calc. is grossly inconsistent with VP & H₂O solubility. Explain this and/or reduce reliability codes for all these calculations--they can't all be "Correct".
- 6) Biodeg.--there are four(4) stated deviations from OECD Guidelines:

- * 1.5 L vs. 3.0L
- * CO₂ absorption and analysis
- * "Emulsifier Used"
- * Nonylphenol Used

Still claim OECD Method used. This sets a bad precedent. How many deviations are allowed before one can no longer claim use of the method?

Control is absolutely needed here, regardless of the decision on the Method.

Data strongly imply Persistence--state this in results/conclusions

- 7) Acute Tox Fish--need control group in view of acetone used or explain, with data, why one is not needed. Question use of terms "slight" & "practically devoid" to characterize effects when 42-84 ppm (very low concs.) kills one half of the fish.
- 8) Algae Tox--Control needed because of use of TWEEN80.
- 9) Aquatic Invert.--How & why was EC50(24hr) calculated instead of experimentally determined as was apparently EC0 & EC100?? What was used to enhance H₂O solubility? Was "it" also in controls? Were any concs tested between EC50 & EC100? If not, invalidates EC100 conclusion.
- 10) Acute Tox-Oral--Need control group due to use of PEG 400. Were control groups used in other studies cited in Remarks?
- 11) Acute Tox-Dermal--Need control for vehicle used.
- 12) (A) Sister Chromatid Enhancement- 6000mg/kg bw stated as "not relevant" because it is "beyond the recommended dose"-- gimme a break! If this is acceptable, then everyone can just give their own recommended dose & be done with it. Why experiment? The 5000mg/kg bw rec dose should have been tested, along with perhaps 5500mg/kg bw.
(B) Chromo Aberrations-Exposure period seems to be 10 days, not 0,2,3,5,9 since the Method description implies that the same animals were repeatedly dosed at these intervals.
(C) Nucleus Anomaly--what was vehicle for administration? Any Control Group--seems like one is needed.
(D) Dominate Lethal--what was vehicle for gavage administration? Appears like Control Group is needed.
- 13) (A) Genetic Tox, in vitro--Concentrations tested appear very low. How were the test concs determined?

(B) Mutagenic Effects in Yeast-Need Control Group with just DMSO, or explain why one is not needed with references citing the extremely low toxicity of DMSO.

14) Repeated Dose Tox-NOEL appears ">"250 not "="250. Explain what was observed at 1000mg/kg bw/day.

15) Repro Tox-What is the significance of FO females body weight reduction at 10,000ppm?
It occurred in only FO females, and thus appears noteworthy.

Respectfully Submitted,
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